

Board of Pharmacy

P.O. Box 30670

Lansing, Michigan 48909

(517) 335-0918

www.michigan.gov/healthlicense**PHARMACIST EDUCATIONAL LIMITED LICENSURE INSTRUCTIONS**

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Pharmacy. Questions regarding your application can be directed to the Michigan Board of Pharmacy at (517) 335-0918 three weeks after the date you sent the application. Please allow 6 weeks processing time.

EDUCATIONAL LIMITED PHARMACIST (INTERN) LICENSURE**INSTRUCTIONS FOR APPLICANTS ATTENDING ACPE ACCREDITED PHARMACY EDUCATION PROGRAMS**

An individual is eligible for intern licensure at the beginning of the first professional year or third year, if appropriate, of study in an accredited college or school of pharmacy.

To receive a Michigan Pharmacist Intern license you must:

1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
2. This office requires the dean of your college of pharmacy, or his/her authorized agent, to verify your enrollment in the college or school of pharmacy. A section of the application is provided for this purpose.

The educational limited license is renewable annually for a maximum of five years and shall remain active while the applicant is actively pursuing a degree in an accredited college or school of pharmacy and until the applicant is licensed as a pharmacist or for not more than one year from the date of graduation from your pharmacy program, unless extended by the board upon written request of the intern.

If you leave the college or school of pharmacy for any reason, you must notify this office immediately. If you do not re-enter the college or school of pharmacy after a break of no more than one term or semester (whichever is applicable), you must return your Educational Limited license to this office. When you re-enter a college or school of pharmacy you may reapply for an intern license upon notification from the office of the Dean of your re-admittance.

Hours of internship experience are computed from the date you are approved for board certification as a licensed intern. In computing the hours of internship, all of the following provisions apply:

- a. Experience is granted only upon verification by an approved pharmacy preceptor or other person previously approved by the board.
- b. The board may grant up to 400 hours of internship experience gained in unconventional internship programs (i.e. labs, factory settings). Any unconventional hours must be documented on official letterhead and sent to the Board by the preceptor.
- c. A maximum of 40 hours of internship experience is granted per calendar week when the applicant is not in school.
- d. A maximum of 16 hours of non-college-sponsored internship experience is granted per calendar week while the intern is a full-time student in a college or school of pharmacy.

- e. The board may grant credit for internship experience obtained through practice as an intern in another state if the experience was comparable to the requirements for internship in Michigan (Administrative Rule R338.473a). Verification of this experience must be received directly from the state licensing office in the state where the internship hours were obtained.
- f. The board may accept experience as a licensed pharmacist in another jurisdiction as the equivalent of internship experience. Verification of licensure must be received directly from the state in which you are licensed.

An intern must be supervised by an approved pharmacist preceptor and must, at all times, practice only under the personal charge of a pharmacist. **The intern is responsible for verifying board approval of his/her pharmacy preceptor.**

The board may deny, suspend, or revoke the license of an intern or may deny hours of internship for failure to comply with pharmacy laws or rules relating to pharmacy practice or internship.

Please refer to Administrative Rule R338.473a for specific information about licensure as an intern in Michigan.

FOREIGN PHARMACY GRADUATE APPLICANT INSTRUCTIONS

INSTRUCTIONS FOR FOREIGN GRADUATES WHO DID NOT ATTEND AN ACPE ACCREDITED PROGRAM

(To comply with R338.473a 3 and 5, the foreign pharmacy graduate must apply for the educational limited license.)

- 1. Complete the application and return it to the Board of Pharmacy with the appropriate fees. An application accompanied by the appropriate fee is valid for two years. If an applicant fails to complete the requirements for licensure within two years from the date of filing the application, the application is no longer valid.
- 2. The Board office must receive verification of passing scores on the FPGEE and TOEFL exams directly from the testing companies. If you have not taken the FPGEE please contact Foreign Pharmacy Graduate Examination Committee, 700 Busse Hwy, Park Ridge, IL 60068 (847) 698-9227 or on-line at www.nabp.net. Information about the TOEFL Examination is available at www.toefl.org.

An educational limited license issued to a foreign Pharmacy graduate is valid for not more than two years from the date of issue, unless extended by the board upon written request by the intern.

Hours of internship experience shall be computed from the date you are approved for board certification as a licensed intern. In computing the hours of internship, all of the following provisions shall apply:

- a. Experience is granted only upon verification by an approved pharmacy preceptor or other person previously approved by the board.
- b. The board may grant up to 400 hours of internship experience gained in unconventional internship programs (i.e. labs, factory settings). Any unconventional hours must be documented on official letterhead and sent to the Board by the preceptor.
- c. A maximum of 40 hours of internship experience is granted per calendar week when the applicant is not in school.
- d. A maximum of 16 hours of non-college-sponsored internship experience is granted per calendar week while the intern is a full-time student in a college or school of pharmacy.
- e. The board may grant credit for internship experience obtained through practice as an intern in another state if the experience was comparable to the requirements for internship in Michigan (Administrative Rule R338.473a). Verification of this experience must be received directly from the state licensing office in the state where the internship hours were obtained.

- f. The board may accept experience as a licensed pharmacist in another jurisdiction as the equivalent of internship experience. Verification of licensure must be received directly from the state in which you are licensed.

An intern must be supervised by an approved pharmacist preceptor and must, at all times, practice only under the personal charge of a pharmacist. **The intern is responsible for verifying board approval of his/her pharmacy preceptor.**

The board may deny, suspend, or revoke the license of an intern or may deny hours of internship for failure to comply with pharmacy laws or rules relating to pharmacy practice or internship.

Please refer to Administrative Rule R338.473a for specific information about licensure as an intern.

GENERAL INFORMATION

1. NAME AND/OR ADDRESS CHANGES: If your name and/or address changes please notify the Board of Pharmacy in writing. To change a name or address, you can download the [Data Change/Duplicate License Request Form](#) from our website www.michigan.gov/healthlicense and fax it to (517) 373-2179 or mail the form to Bureau of Health Professions, PO Box 30670, Lansing, MI 48909. Telephone calls are NOT accepted for these changes.
2. REFUND POLICY: If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Pharmacy in writing to request a refund.

Michigan Department of Community Health

Board of Pharmacy

P.O. Box 30670

Lansing, MI 48909

(517) 335-0918

www.michigan.gov/healthlicense

INTERNSHIP TRAINING AFFIDAVIT

Authority: Public Act 368 of 1978, as amended
 If this form is not completed, a license will not be issued.

Note: This form is to be used only to report those intern hours gained in Michigan while holding a Michigan Pharmacist Intern license. Hours gained in other states must be reported to this office directly by the Board of Pharmacy in the state where the intern hours were obtained.

INSTRUCTIONS: This form is to be completed by the Preceptor or Authorized Agent. Please use a separate Affidavit for each site where internship was completed.

INTERN INFORMATION

Type or Print Only

First Name	Middle Name	Last Name	
Street Address		Michigan Permanent I.D. Number and Expiration Date	
City	State	ZIP Code	
Is this a name change? <input type="checkbox"/> No <input type="checkbox"/> Yes- If yes, indicate previous name _____		Is this an address change? <input type="checkbox"/> No <input type="checkbox"/> Yes	

SITE INFORMATION

Site Name	Street Address	
City	State	ZIP Code

PRECEPTOR INFORMATION

Preceptor Name	Preceptor Michigan Permanent I.D. Number and Expiration Date
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PRECEPTORSHIP INFORMATION

Please separate concurrent (a maximum of 16 hours weekly can be gained while in a school) from Non-Concurrent Training (a maximum of 40 hours weekly can be gained while not in school, school breaks, vacation, etc.). Separate dates of internship from externship.

Date From	Date To	# of Weeks	Hours Per Week	Total Hours	Board Use Only
INTERNSHIP					
EXTERNSHIP					
Total Approved Hours					
Approved by					

Name

The Board of Pharmacy requires that Interns receive professional and practical experience in all of the following areas: Pharmacy Administration and Management; Drug Distribution, Use and Control; Legal Requirements; Providing Health Information Services and Advising Patients; Pharmacists' Ethical and Professional Responsibilities; Drug and Product Information.

Use the grid below to indicate the approximate percent of internship hours that have been devoted to each area of training. Also indicate whether or not additional instruction in this area of training is indicated and planned.

AREA OF TRAINING	APPROXIMATE % OF REPORTED HOURS DEVOTED TO THIS AREA OF TRAINING	IS ADDITIONAL INSTRUCTION IN THIS AREA INDICATED & PLANNED? (YES OR NO)
Pharmacy Administration & Management		
Drug Distribution, Use, & Control		
Legal Requirements		
Providing Health Information & Advising Patients		
Pharmacists' Ethical & Professional Responsibilities		
Drug & Product Information		
Other Internship Activities (List Below):		
TOTAL	100%	

We certify that the information provided above accurately reflects the internship experience gained during this reporting period.

 Preceptor's Signature

 Intern's Signature

APPLICATION FOR PHARMACIST EDUCATIONAL LIMITED LICENSE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

☐ Pharmacist Educational Limited License Fee: \$40.00 71-5302-05

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application. **DO NOT SEND CASH.** Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Daytime Phone Number ()
Street Address		
City	State	ZIP Code
All Previous Names and/or Birth Name Used (if applicable)		
Have you ever held a health professional license in Michigan? <input type="checkbox"/> No <input type="checkbox"/> Yes		Michigan Permanent I.D./License Number and Expiration Date

PROFESSIONAL EDUCATION

Name and Address of Pharmacy College	
Dates Attended:	
Degree Pursuing	Date of Anticipated Graduation
Degree Granted	Date of Graduation

Check the appropriate answer to each of the following questions. **NOTE: Attach a detailed explanation for any Yes answer you check.**

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever made application to the Michigan Board of Pharmacy in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name

IF YOU RECEIVED YOUR PHARMACY EDUCATION IN A FOREIGN COUNTRY, PLEASE COMPLETE THE FOLLOWING:

Have you written the Foreign Pharmacy Graduate Equivalency Examination (FPGEE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes,	Date _____ Results: _____ <input type="checkbox"/> Passed FPGEE <input type="checkbox"/> Failed FPGEE
		Show EE Number: _____
Have you written the Test of English as a Foreign Language (TOEFL) Examination? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes,	Date _____ Results: _____ <input type="checkbox"/> Passed TOEFL <input type="checkbox"/> Failed TOEFL
Have you been issued a Foreign Pharmacist Graduate Educational Commission Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes,	Date _____

FPGEE & TOEFL SCORES MUST BE SENT DIRECTLY FROM THE TESTING COMPANY; COPIES WILL NOT BE ACCEPTED.

CERTIFICATION

I understand that it is the policy of this agency to secure criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant	Date
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COLLEGE OF PHARMACY AFFIDAVIT

(Must be completed by the Dean of the College of Pharmacy)

I have read the application of _____ for

 licensure as a pharmacy intern. Our records indicate that this student officially began his/her first professional (third) year

 of study in an accredited college of pharmacy on _____ and is

 eligible to become a pharmacy intern in Michigan.

Signature of Dean of College	Date
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Name of College
